# MaineCare Managed Care Member Standing Committee (MSC) Meeting Minutes

September 17, 2010, MaineCare Services Room 1A/B

More detailed information on these areas of discussion can be found in committee meeting materials at: <a href="http://maine.gov/dhhs/oms/mgd\_care/mgd\_care\_index.html">http://maine.gov/dhhs/oms/mgd\_care/mgd\_care\_index.html</a>

#### **Project Staff**

Stefanie Nadeau (DHHS, MaineCare Services), Sarah Stewart (DHHS, MaineCare Services), Shannon Martin (DHHS, MaineCare Services), Paul Saucier (USM Muskie), Nadine Edris (USM Muskie), Katie Rosingana (USM Muskie), Julie Fralich (USM Muskie), Linda Kinney (USM Muskie)

## **Updates**

- MSC meeting notes from August 20, 2010- reviewed and approved
  - Committee members decided to post the notes on the managed care website in order to have their questions/concerns available to the public
- MeHAF grant
  - Muskie School will provide a written report about the four member listening sessions that are underway and will be presented at a future meeting
- SSC meeting summary and recommendations from September 13, 2010
  - Children with special needs should be in phase II as they may be hard to identify
  - If we could split up services (ex: behavioral health services from medical services) then children with special needs should be voluntary in phase I, if not they should be excluded
  - Duals should not be included as they are potentially in a home-grown managed care system already and issues may arise
  - Older adults should not be in phase I as more time is needed to segment the eligibility groups for enrollment

#### MSC Recommendations to the SAC

Discuss issue of homeless- How do we make sure they are thought about when they
could be under any eligibility category? How do we identify them? There may be
additional barriers to quality healthcare. They cannot get services without an address or
way to get mail, have to be in a shelter to get emergency housing, transportation and
other resources are issues.

- Services still need to be available regardless of what phase a member is required to enroll in (have available as fee for service).
- Do we have time to get managed care issues worked out in time for the Phase I on January 2012?

#### **MSC Liaisons**

- MSC members voted for two members of the committee to represent the group at SAC meetings. They will give a summary of the meeting and the recommendations from the group
  - o The representatives are Richard Chaucer and Rose Strout
- MSC members voted for two members of the committee to represent the group at SSC meetings, giving a summary of the meeting and recommendations from the group
  - The representatives are Rose Strout and Christine Holler

#### Overview

This meeting included an overview of the basics of Managed Care. The PowerPoint is available online at <a href="http://maine.gov/dhhs/oms/mgd">http://maine.gov/dhhs/oms/mgd</a> care/mgd care index.html.

## **Populations and Services**

- Proposed phases of enrollment by eligibility group
- Mandatory/voluntary/excluded enrollment proposals
- Required federal authority for mandatory inclusion
- Committee members' goals and concerns

# **Committee flow and organization**

(Key: SSC = Specialized Services Committee, SAC = Stakeholder Advisory Committee, MSC = Member Standing Committee, DMC = Design Management Committee, EMT = Executive Management Committee)

- Committee flow chart
- MSC and SSC representatives will present discussion points/recommendations to the SAC
  - Two MSC members have been elected to join the SAC and serve as liaisons between the MSC and the SAC
  - SSC has selected a member to present recommendations to the SAC
- SAC representatives will present discussion points/recommendations from the MSC, SSC, and SAC to the DMC
  - Three SAC members have volunteered to be representatives
  - o SAC will not elect co-chairs for the committee due to potential bidding conflict
- DMC will make recommendations to the DHHS EMT and bring discussion back to the SAC

- EMT will make final decisions
- Agenda items for the SAC, SSC, MSC, and DMC will be the same to start but discussions should
  go in different directions and the expectations of what we hope to get out of the meetings will
  be different
- Information and recommendations will flow back and forth between committees and workgroups
- All SAC and SSC meetings are open to the public
  - SSC members should also talk with co-workers that may be on the SAC to represent their concerns/issues

#### **Communication Plan**

- Discussion of what is working/not working
- Documents should be sent to committee members in Word 2003 so they can open them
- Members ask materials for the meetings are received a week in advance
- For those who do not have email or prefer postal mail, these materials will be sent in the mail

## **Scheduled meetings**

- MSC future meetings:
  - o October 15, 2010 9:30-12:30 pm
  - o November 19, 2010 9:30-12:30 pm
  - o December 17, 2010 9:30-12:30 pm
    - MSC members decided to extend the meeting times an hour in order to get the work done in the timeframe allowed
- SSC future meetings all held in the State House Taxation Room 127:
  - o October 12, 2010 1-4 pm
  - o November 15, 2010 1-4 pm
  - o December 13, 2010 1-4 pm

The SSC meeting is broadcast on the web via audio link:

http://www.maine.gov/legis/audio/taxation cmte.html

- SAC future meetings all held in the State House HHS Room 209:
  - September 17, 2010 1-4 pm
  - October 15, 2010 1-4 pm
  - o November 19, 2010 1-4 pm
  - o December 17, 2010 1-4 pm

The SAC meeting is broadcast on the web via audio link:

http://www.maine.gov/legis/audio/health\_cmte.html

- DMC future meetings :
  - o October 1, 2010 9-2 pm
  - o October 22, 2010 9-12 pm
  - o November 5, 2010 9-12 pm
  - o December 3, 2010 9-12 pm

## **Meeting Topics**

- At this time the plan is to discuss these following topics at upcoming meetings:
  - o Populations- September
  - Services- October
  - Quality- November
  - Model and rates- December

# **Committee Questions/Concerns/Key Discussion Points**

- Will all services be offered in both managed care plans?
- Problem in getting services covered because MaineCare and Medicare both say it is the others responsibility
- Why can you get a cab paid for if you are drunk but not if you need to get to a doctor's appointment?
- Why does it take so long to get in to see a specialist once you have a referral?
- Will dental services be offered for those of us over 21?
- People with disabilities, special needs, Alzheimer's adults, and those "not disabled enough" can be in any category
- Doesn't the phase depend on when providers are ready to provide the service?
- What about peer support programs to save money?
- How will the upcoming budget cuts affect MaineCare?
- Who is going to make sure the managed care people are spending money appropriately?
- Why do they always pick on us with budget cuts?
- I need more therapy sessions but I can't get them unless my doctor says I am totally crazy
- What happens when a child is enrolled with the parents and children but has special healthcare needs?
- What about the homeless? What about people that live under bridges? How do we separate them when they can be in any category?
- If I am enrolled in phase I, can I still get the services that the group in phase II will get?
- If a member's circumstances change and they are not in managed care anymore, will they still have MaineCare?
- Can the insurance companies really be ready in a less than a year?

Because of the shortfalls of the community mental health system jails are filling up					